MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00579

Reg. Dist. No. 200

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) P. (Last) ANDERSON

4. DATE OF DEATH: (Month) Jan (Day) 31 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH:

9. AGE Last birthday: 90 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: William T. Burgess

14. MOTHER'S MAIDEN NAME: Elizabeth Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: J. B. Anderson Millington Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4200 Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset And Death 20 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/13/53 19... to 1/31/53 19..., that I last saw the deceased alive on Jan 13 1953, and that death occurred at 4 Pm., from the causes and on the date stated above.

SIGNATURE J. H. Hamilton (Degree or title) M.D. ADDRESS Millington Md. DATE SIGNED 2/1/53

23. BURIAL, CREMATION, REMOVAL: (Specify) Burial DATE THEREOF Feb 3 1953 NAME OF CEMETERY OR CREMATORY Sudlersville Cem. LOCATION (City, town, or county) Sudlersville (State) Md.

DATE REC'D BY LOCAL REGISTRAR Feb. 1, 1953 REGISTRAR'S SIGNATURE Edward Fellows

24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

VS. A15

RECEIVED
FEB
BUREAU V. S

00580

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairlee
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairlee
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Asbury (Middle) A. (Last) Black

4. DATE OF DEATH (Month) Jan. (Day) 16, (Year) 1953

5. SEX male

6. COLOR OR RACE colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH Feb. 23, 1877

9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Black

14. MOTHER'S MAIDEN NAME Matilda Comegys

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY No. 218-16-6300

17. INFORMANT AND ADDRESS Leon Black - Calvert St. Chestertown Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive heart failure	4-5 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	unknown
	(c)	

422

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1953, to 1-16, 1953, that I last saw the deceased alive on 1-16, 1953, and that death occurred at 4:45 a.m., from the causes and on the date stated above.

SIGNATURE R. Scott Warren (Degree or title) M.D. ADDRESS Chestertown Md DATE SIGNED 1-16-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Jan. 19, 1953

NAME OF CEMETERY OR CREMATORY Fairlee (col.) Cem.

LOCATION (City, town, or county) (State) Fairlee, Md.

DATE REC'D BY LOCAL REG. Jan. 17-1953

REGISTRAR'S SIGNATURE Clara S. Barnes.

24. FUNERAL DIRECTOR J. Willis Wells - ADDRESS Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 20 1953
BUREAU V. S.

Item 18 Film 3150 1-29-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent-Queen Anne Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) S. (Middle) Clifton (Last) Coleman

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 12, 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Sept 18, 1886

9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Self contractor

11. BIRTHPLACE (State or foreign country): Kent Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stonewall J. Coleman

14. MOTHER'S MAIDEN NAME: Alice Va. Downey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service) none

16. SOCIAL SECURITY NO.: yes

17. INFORMANT & ADDRESS: wife
Mrs. Eunice Coleman - Rock Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

5784

Immediate cause (a) Gastro-intestinal hemorrhage, cause unknown — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) from colon, probably Ca, but no proof
DUE TO (c) x-ray did not reveal source of the hemorrhage

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Thrombophlebitis of rt. leg and cellulitis of rt. leg; septicemia 2 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1952 to Jan. 12, 1953, that I last saw the deceased alive on Jan. 12, 1953, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Willard F. Smith MD Rock Hall, Md Jan 12, 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Jan. 15, 1953
NAME OF CEMETERY OR CREMATORY: Chester Cem.
LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REG.: Jan. 14-1953
REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR ADDRESS: J. Willis Wells - Chestertown, Md.

RECEIVED
JAN 19 19
BUREAU V. S.

00582

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Norton md
LENGTH OF STAY (in this place): 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Norton Rural Coleman — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Norton Rural Colemans
STREET ADDRESS (If rural, give location): Norton Rural Colemans

3. NAME OF DECEASED (Type or Print) (First): Cherley (Middle): Elizabeth (Last): Dorsey
4. DATE OF DEATH (Month) (Day) (Year): Jan 6 1953
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 1 1952
9. AGE last birthday: yrs. — If under 1 year: Months 6 Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Colemans Norton Rural md
12. CITIZEN OF WHAT COUNTRY? yes U.S.A.
13. FATHER'S NAME: Aldridge Ural Dorsey
14. MOTHER'S MAIDEN NAME: Irene Graves
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Aldridge Ural Graves Norton R.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

571.0 Immediate cause (a) Colitis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Cold

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1953, to 7, 19....., that I last saw the deceased alive on Jan 5, 1953, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE: L. P. Atwell (Degree or title): M.D. ADDRESS: Still Pond md DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Jan 7 / 53
NAME OF CEMETERY OR CREMATORY: Coleman Rural Norton
LOCATION (City, town, or county) (State): Norton Rural Kent md

DATE REC'D BY LOCAL REG.: 1/7/53
REGISTRAR'S SIGNATURE: E. Kennard Jones
24. FUNERAL DIRECTOR: B.R. Gellows Still Pond md ADDRESS

107238V365

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 14 1957
BUREAU V. S.

Ole Frog 00583
Pendleton

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 & 3

1. PLACE OF DEATH · COUNTY: Kent — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Catholic Ave	STREET ADDRESS (If rural, give location): Catholic Ave.

3. NAME OF DECEASED (Type or Print)	(First) Maurice	(Middle) McCoy	(Last) Lanimore	4. DATE OF DEATH	(Month) Jan.	(Day) 23	(Year) 1953
5. SEX: M	6. COLOR OR RACE: W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: March 27 1900	9. AGE last birthday: 52 yrs.	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman	10b. KIND OF BUSINESS OR INDUSTRY: Fishing-oyster	11. BIRTHPLACE (State or foreign country): Rock Hall Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Wm Lanimore - Rock Hall Md.	14. MOTHER'S MAIDEN NAME: (Late) Elizabeth Sewell						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. (If year, give war or dates of service): WW #1	16. SOCIAL SECURITY No.: 219-03-5586	17. INFORMANT AND ADDRESS: Mrs. Hazel A. Lanimore - Rock Hall Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis — 4 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Unknown

(c)

420

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased ~~from~~ on January 23, 1953, ~~19~~, ~~to~~, ~~19~~, that I last saw the deceased alive on Jan 23, 1953, and that death occurred at 4 15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Willard F. Smith MD — Jan 24, 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Jan. 27 1953	NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery	LOCATION (City, town, or county) (State): Baltimore Maryland
DATE REC'D BY LOCAL REG.: Jan 24/53	REGISTRAR'S SIGNATURE: S. Elwood Burgess	24. FUNERAL DIRECTOR: Marvin V. Williams - Chestertown Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 28 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0058

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) all Eye
HOSPITAL OR INSTITUTION OR STREET ADDRESS Broad Neck - Chestertown R.D. #3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Broad Neck - Chestertown R.D. #3

3. NAME OF DECEASED (Type or Print) (First) John (Middle) W. (Last) Lewis

4. DATE OF DEATH (Month) Jan. (Day) 2 (Year) 1953

5. SEX Male
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 2 1881
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Lewis
14. MOTHER'S MAIDEN NAME Hester Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Broad Neck (Wife) Mrs. Deborah Lewis - Chestertown R.D. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Myocardial degeneration — Interval Between Onset and Death: Several years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Jan., 1953, that I last saw the deceased alive on Jan 2, 1952, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE E Kester (Degree or title) MD ADDRESS Rock Hall DATE SIGNED Jan 7/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 6 1953
NAME OF CEMETERY OR CREMATORY Broad Neck Cemetery
LOCATION (City, town, or county) Chestertown R.D. #3 (State) Maryland

DATE REC'D BY LOCAL REG. Jan. 5-1953
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Marvin V. Williams - Chestertown Md. ADDRESS

RECEIVED
JAN 7 19[illegible]
BUREAU V. S.

(M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nr. - Worton
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN nr. - Worton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Thomas (Last) Parsons

4. DATE OF DEATH: (Month) Jan. (Day) 16, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept. 14, 1888

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: owner

11. BIRTHPLACE (State or foreign country): Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas S. Parsons

14. MOTHER'S MAIDEN NAME: Martha A. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS: Mrs. Sallee J. Parsons Worton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY OCCLUSION — Interval Between Onset and Death: Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC HEART DISEASE — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSIVE CARDIOVASCULAR DISEASE — 5 Yrs

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

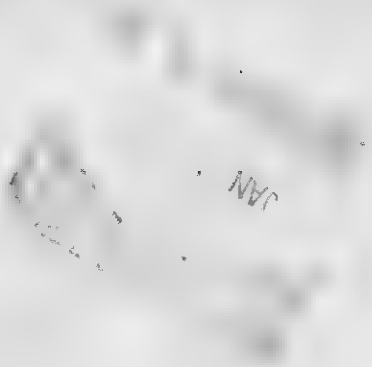
22. I hereby certify that I attended the deceased from 1/15, 1953, to 1/16, 1953, that I last saw the deceased alive on 1/15, 1953, and that death occurred at 12 30 P m., from the causes and on the date stated above.

SIGNATURE: W. Fulbrandsen, MD. (Degree or title) ADDRESS: Chestertown DATE SIGNED: 1/17/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 19 1953 — NAME OF CEMETERY OR CREMATORY: Chester Cem. — LOCATION (City, town, or county) (State): Chestertown Md.

DATE REC'D BY LOCAL REG.: Jan. 17-1953 — REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: J. Willis Wells — ADDRESS: Chestertown, Md.



00580

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN
LENGTH OF STAY (In this place) 2 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 207 HIGH ST

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND. COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN
STREET ADDRESS (If rural, give location) 207 HIGH ST

3. NAME OF DECEASED (Type or Print) (First) JOSHUA (Middle) FENNIMORE (Last) STRATTON

4. DATE OF DEATH (Month) Jan. (Day) 28 (Year) 1953

5. SEX MALE
6. COLOR OR RACE WHITE
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Oct 15, 1870
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired
10b. KIND OF BUSINESS OR INDUSTRY Interior decorator
11. BIRTHPLACE (State or foreign country) DELAWARE
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME CHARLES TAYLOR STRATTON
14. MOTHER'S MAIDEN NAME Sarah Hennimore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 186-14-8520
17. INFORMANT AND ADDRESS IRMA STRATTON, CHESTERTOWN (DAUGHTER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH 2 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

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11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN 28, 1953, to JAN 28, 1953, that I last saw the deceased alive on DEC 15th, 1953, and that death occurred at 10 35 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] Gulbrandsen, MD ADDRESS Chestertown, Md. DATE SIGNED 1/28/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 2, 1953
NAME OF CEMETERY OR CREMATORY Wenonah Cemetery
LOCATION (City, town, or county) (State) Wenonah Mus. Jersey

DATE REC'D BY LOCAL REG. Jan. 31-1953
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Marvin V. Williams - ADDRESS Chestertown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
FEB 3 1953
BUREAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH COUNTY: Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pinny Neck — LENGTH OF STAY (in this place): 10 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rock Hall R.D. #1	STREET ADDRESS (If rural, give location): Pinney Neck

3. NAME OF DECEASED (Type or Print)	(First) George	(Middle) Vale	(Last) Thomas.	4. DATE OF DEATH	(Month) Jan.	(Day) 20	(Year) 1953
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Sept. 9 1886	9. AGE last birthday: 66 yrs.	If under Months	1 year Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Policeman	10b. KIND OF BUSINESS OR INDUSTRY: Phila. Police force.	11. BIRTHPLACE (State or foreign country): Phila. Penn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: John Thomas	14. MOTHER'S MAIDEN NAME: Ida Rebecca Cripps						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service)	16. SOCIAL SECURITY No.: 183-20-4636	17. INFORMANT AND ADDRESS: Mrs. Jessie Mabel Thomas - Rock Hall					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	10 days
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	years
	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1953, to Jan 20, 1953, that I last saw the deceased alive on Jan 19, 1953, and that death occurred at 4 15 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Willard F Smith	MD	Rock Hall, Md.	Jan 21, 53

23. BURIAL, CREMATION REMOVAL (Specify): Cremation	DATE: Jan. 23 1953	NAME OF CEMETERY OR CREMATORY: Silverbrook Crematory	LOCATION (City, town, or county) (State): Wilmington, Delaware
DATE REC'D BY LOCAL REG.: 1/21/53	REGISTRAR'S SIGNATURE: S. Elwood Burgess	24. FUNERAL DIRECTOR: Mann V. Williams - Chestertown	ADDRESS: md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 26 1954
BUREAU V. S.